TRANSFORMATIONS IN THE DELIVERY OF HEALTH CARE *from hospital to community have* brought about many changes in nursing practice. These, in turn, have necessitated alterations in the education of nursing students, the curricula, and clinical experiences. Confident that nursing is an independent practice, exclusive of the health care setting, our faculty decided to direct our teaching efforts to reflect changes in health care delivery. We restructured our baccalaureate nursing program's senior level clinical education experience to prepare students to meet the needs of the clients we serve — the community — and the demands of professional nursing education. In doing so, we have supported Ryan's definition of community, which includes "all settings where consumers seek health care" (1, p. 140). • **IN RESPONSE TO THE RECOMMENDATION BY THE PEW HEALTH PROFESSIONS COMMISSION FOR NEW MODELS OF CONTENT INTEGRATION "BETWEEN EDUCATION AND THE HIGHLY MANAGED AND INTEGRATED SYSTEMS OF CARE" (2, p. 51), A DECISION WAS MADE TO MERGE THREE SENIOR LEVEL CLINICAL COURSES — PEDIATRICS, PUBLIC HEALTH, AND NURSING LEADERSHIP AND MANAGEMENT — INTO ONE INTEGRATED EXPERIENCE.** This process required an examination of collective values and beliefs with respect to course content and learning experiences. The challenge was to examine "sacred cows" and eliminate redundancies and replication of learning activities.

A CURRICULUM MODEL *for an* INTEGRATED Senior Year *Clinical* EXPERIENCE

RUTH N. WUKASCH, CAROLYN L. BLUE, AND JANE OVERBAY

Figure 1. Clinical Content Essential for Meeting Course Objectives

CONTENT	PEDIATRICS	PUBLIC HEALTH	LEADERSHIP
Assess growth and development	+	+	
Care of the hospitalized child	+		
Pediatric physical assessment	+	+	
Nursing plan of care	+	+	
Medication administration	+		
Medication management		+	
Family assessment	+	+	
Nutrition management	+	+	
Impact of chronic or terminal illness on family	+	+	
Application of theory	+	+	+
Collaboration with other health care disciplines	+	+	+
Research utilization	+	+	+
Application of the nursing process	+	+	
Teaching individuals and groups	+	+	
Caseload management		+	+
Case management/coordination of care		+	+
Process of home visiting		+	
Community assessment		+	
Contracting		+	+
Legal and ethical accountability	+	+	+

Driving Forces for Curricular Change Hospital administrators want an affordable workforce; nursing educators want to develop nurses skilled in delivering care; graduates want jobs; and the public wants safe, effective, and affordable care (3). These criteria present a challenge for all nursing faculties. Kraphol and Larson reported that 97 percent of hospitals were using some kind of nursing support personnel (4). Their data demonstrate that nurses must have expertise in nursing management and delegation skills to protect the public and to safeguard their nursing practice and license.

At Purdue University School of Nursing, theory and clinicals are individual courses. Thus, in the redesign of the program, the didactic portion for public health and pediatric nursing remained unchanged. For the nursing leadership and management course, the two-hour lecture was reduced to one hour each week. The second hour is devoted to a seminar in which students from the various clinical sites discuss issues related to the health care needs of their unique populations. Small-group discussion enhances assessment skills, critical thinking, therapeutic communication, and the application of management theories.

The challenge for the faculty was to design one clinical course that would reflect and integrate all three courses. For example, it was imperative to faculty that public health science and nursing be adequately reflected in the clinical experience. In addition, as public health encompasses the population from birth to death, all age groups, in addition to children, had to be included. Because the delivery of health care to pediatric clients often takes place in acute care settings, such clinical experiences were considered essential. The continuum of care after discharge from an acute care setting would be in the community, which is the focus of public health nursing.

Faculty agreed that opportunities to practice leadership components related to client care, such as communication with a multidisciplinary health care team and case management, should take place in both community and acute care settings. However, some leadership skills, such as staffing patterns, budgetary concerns, group dynamics, and delegation, are independent leadership skills that would require unique clinical experiences.

A first exercise for faculty from the three specialty areas consisted of identifying clinical content that was essential for meeting course objectives. (See Figure 1.) As expected, some content overlapped, but most content was not necessarily essential for all three specialty areas. For example, assessing growth and development is essential content for pediatrics and public health, but not for leadership. Caseload management is critical for public health and leadership, but it is not essential for pediatrics. However, some content, such as research utilization, is key in all three areas.

It was apparent that to prepare students to thrive in a market-driven health care system, independent and overlapping clinical experiences would be needed. (See Figure 2.) Indeed, the new structure combines care of individuals, families, and aggregates with population-based health care, policy, and case management. Students are thus introduced to broader, more realistic approaches to health care delivery. Care of infants and children is expanded beyond the traditional hospital setting into the community. Likewise, skills are practiced beyond the context of the individual and family to aggregate care in the community. The incorporation of leadership allows students to be involved with economics in health care delivery, a trend that must be addressed to prepare nursing graduates for the future (5).

Figure 2. Independent and Overlapping Clinical Experiences

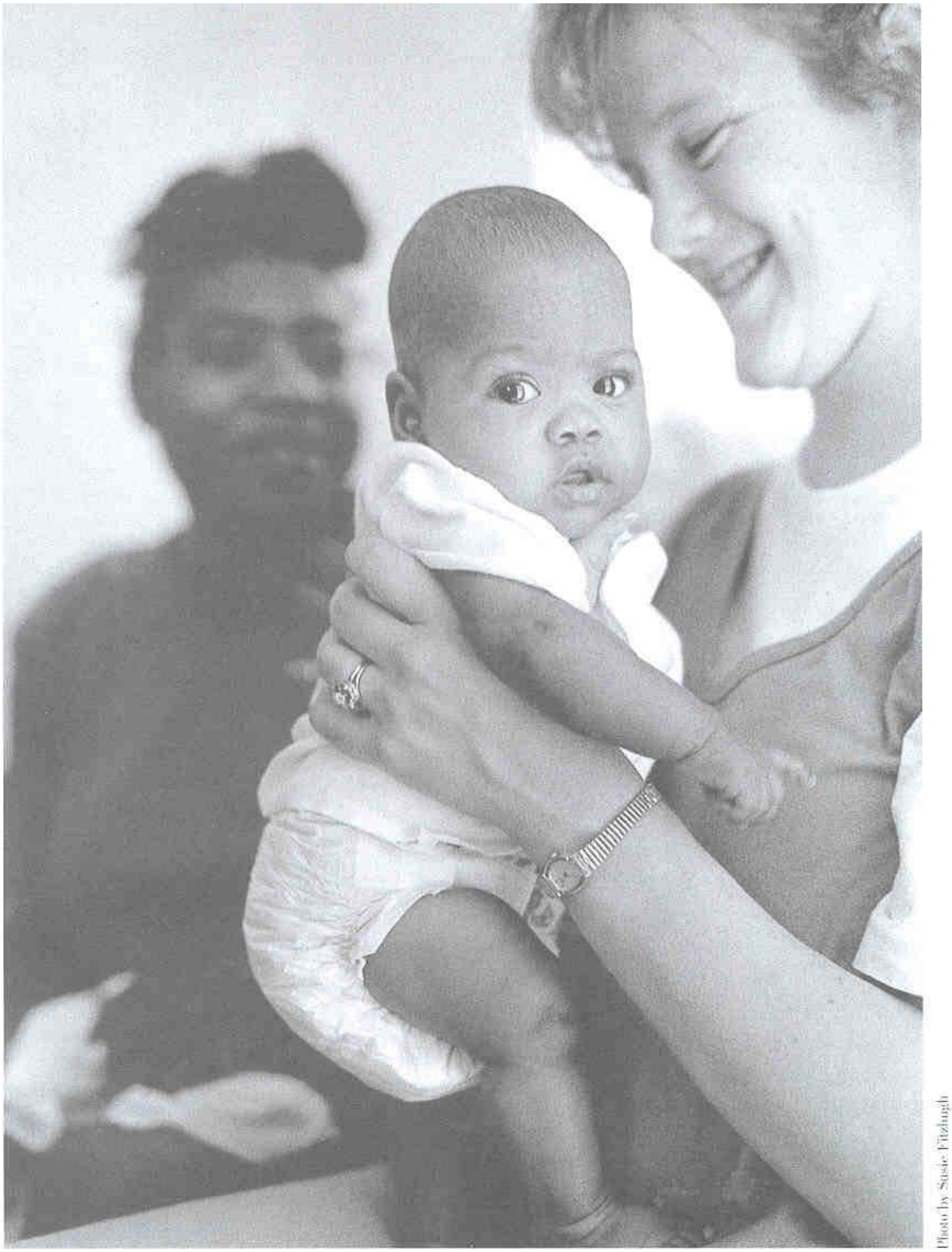

Photo by Susie Fitzhugh

Faculty designed the clinical experience to care for clients over the lifespan. The aging of the population and the trend toward early discharge from acute care settings have resulted in an increased need for home health and public health nursing services. Students require experience in providing nursing care for infants, children, and families, as well as older adults.

Finally, recognizing that health care delivery takes place across a continuum of care (6), faculty designed a flexible approach, focusing on a primary, secondary, and tertiary prevention model (7). Clinical experiences are arranged for multilevel learning with well clients in the home setting, ill clients in acute and subacute care settings, and clients in the posthospital (home) setting. The foci in primary prevention are education, monitoring, and screening activities that foster health promotion, health maintenance, and illness prevention. The dominant practice area for primary prevention is public health nursing. Secondary prevention is provided in both community and acute care hospital settings.

Students in this integrated clinical course are given opportunities for screening, early detection of illness, and referrals. Tertiary prevention experiences, including health restoration and health maintenance and prevention of exacerbation of chronic illness, are provided in acute care, community, and home settings.

Figure 3. A Typical Clinical Experience

	MONDAY	TUESDAY
Week 1	Orientation to care of the client in the community	Orientation to care of the pediatric client and family Computer-assisted instruction programs
Week 2	Hospital pediatric unit	Hospital pediatric unit
Week 3	Hospital pediatric unit	Tertiary pediatric care unit
Week 4	Hospital pediatric unit	Hospital pediatric unit
Week 5	School health screening	Denver Developmental Screening Tests
Week 6	Nurse-managed clinic	Nurse-managed clinic
Week 7	Nurse-managed clinic	Nurse-managed clinic Wellness Fair
Week 8	Community assessment	Community assessment
Week 9	Home visits	Management experience with nurse manager
Week 10	Home visits	Management experience with nurse manager
Week 11	Home visits	Management experience with nurse manager
Week 12	Home visits	Work with nurse preceptor in a community setting
Week 13	Home visits	Work with nurse preceptor in a community setting
Week 14	Home visits	Work with nurse preceptor in a community setting
Week 15	Home visits	Observation with a nurse practitioner

The Integrated Clinical Experience This one-semester clinical course is designed to integrate prior learning experiences in new settings. Groups of six to seven students engage in clinical activities for two consecutive days per week for 15 weeks; the 7.5-hour clinical day closely approximates a typical workday. This schedule is considered an efficient use of clinical facilities and faculty time. (A typical clinical schedule is shown in Figure 3.)

All students have similar, although not identical, clinical experiences. During the first week of the semester, orientation consists of caring for the client in the community and caring for children and families. Activities during these two days include learning how to make a home visit, gaining family trust, using the nursing bag, and making referrals to community resources. The administration of pediatric medication and the Denver II Developmental Screening Test, calculation of fluid and calorie intake for children, diet progression for infants and young children, and an orientation to care of the hospitalized child are also included during orientation.

Students then have six days of experience in an acute care setting, where each student delivers nursing care to several pediatric clients and directs the activities of a group of students. For the leadership and management component, students analyze and evaluate management styles and group dynamics among hospital personnel and their student peers.

The next week is spent in a community setting, in an elementary school, where students engage in health promotion and screening activities. Private schools, which typically have no school nurse, are eager for nursing student involvement and appreciate the services provided. The primary student objectives are to become involved in primary and secondary health promotion activities and to communicate with children in age-appropriate ways. Denver II Developmental Screening Tests are conducted in a day care or preschool setting.

A learning experience in either a pediatric rehabilitation hospital or long-term care facility for children serves as an introduction to care of the chronically ill child. In addition, the students complete a number of computer-assisted instruction programs that present pediatric case studies.

Students are assigned for four days to a nurse-managed clinic within the Purdue School of Nursing where clients are employees, students, and students' families. Activities center around health promotion and disease prevention. Services provided are physical assessments, women's health exams, blood pressure, and cholesterol screenings. On one of these clinical days, students participate in a Wellness Fair, a health promotion screening program sponsored by the university. Activities include measurement of height and weight, blood pressure and cholesterol screening, spirometry, body mass index calculation, a computerized health risk appraisal, and individual counseling.

Starting in week 9, students experience public health nursing by spending one day each week for seven weeks conducting home visits. Learning activities include delivering nursing care in the home setting, managing a caseload, and making appropriate referrals to community resources. A community assessment is required, and findings form a foundation for a required teaching project.

Three days are spent with a nurse manager. Learning experiences include working with a school nurse or an occupational nurse and observing an advanced practice nurse.

This schedule allows for consecutive clinical days and an opportunity for continuity of care and follow-up. Leadership and management principles are interwoven into clinical experiences, blending rather than segregating the roles of the professional nurse. Students are assigned to one faculty member advisor, who ensures that the student's clinical experiences are arranged. The advisor is responsible for completing the clinical evaluations and the final grade.

Promises and Challenges of the Integrated Curriculum The integrated clinical experience allows for greater efficiency of faculty time and expertise. A reduction of one full-time equivalent

of faculty time has been realized, allowing increased flexibility for scholarly endeavors. The efforts to date have also improved collegial communications. Shared responsibility for planning has increased the awareness of common problems and enhanced mutual support. Indeed, all those involved in the planning of this curriculum change have developed a community perspective dictated by the new realities of health care and the desire to meet the market-driven demands of the workplace, while supporting the role of the professional nurse (3).

The merging of courses reduces duplication of clinical experiences in the senior year. In the past, students might have been assigned to one home care agency for a public health clinical the first semester, and to a similar agency for leadership and management the second semester. The curriculum change reduces the overuse of clinical resources and places less burden on the professionals who precept students. In addition, orientation demands on the agency staff are reduced.

With the change, students have a realistic clinical experience with regard to the number of hours spent at each clinical site. Previously, clinical hours covered only a portion of the day. Now, for example, students in the acute care pediatric unit have the opportunity to provide adequate patient education for children who are being discharged the next morning. Later in the day, they do admission assessments for newly admitted children. This new schedule strengthens their skills in the promotion of healthy behaviors, the utilization of community resources for follow-up and support for families, and the organization of care. Students in the acute care setting are able to refer those being discharged from the hospital to peers practicing in the community-based clinical agency for continuity of nursing care.

The curriculum change allows for a focus on health care services within the community, with an increased emphasis on vulnerable clients, cultural diversity, and collaboration with other health care providers. Students become aware of managed care objectives, insurance limitations, and the wide range of extended care facilities available. Reimbursement issues and the cost of the patient's care are included in the management role of the nurse and are no longer relegated to the insurance representative in the business office. Discussion of the family's resources, fears, realities, and needs becomes a part of the student's concern as emphasis is moved toward healthy people in healthy communities. This action leads the students to recognize what the Pew Commission describes as "an equitable balance between resources and needs" (2, p. 35).

The new clinical curriculum also enables faculty to customize the clinical experience to more closely match the learning needs of the RN to BSN completion student. Students submit documentation to validate clinical experience in any of the three content areas to receive credit. In this way, their clinical placement is exclusively in those agencies that offer the greatest challenge, new experiences, and expanded skills. Another advantage is that RN completion students have greater flexibility to meet personal needs. The clinical experience addresses the Pew Commission recommendation that encourages "multiple entry points" in the upward mobility for professional nurses (2).

Nursing has a long history of orchestrating the care of the client and attending to the behavioral aspects of individuals, their families, and aggregates. We are well suited to assess the broad scope of community-based care, which includes aspects that are not easily controlled, such as limited resources and the level of dependability of caregivers. With a focus on health care systems and the forces that direct and control the health care environment addressed in clinical sites and leadership and management seminars, students are in a position to recognize how policy bears on our ability to deliver service and on the quality of that service. This is a major challenge for nursing.

As with most curriculum revisions, the faculty recognizes that adjustment is necessary. Student evaluations and outcome measures are important in the refinement of this venture. The commitment to an integrated senior year experience that increases health promotion and responds to the realities of health care holds much promise and many challenges for students and teachers alike. NHN

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